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New Subject Applying (Detailed Workflow)

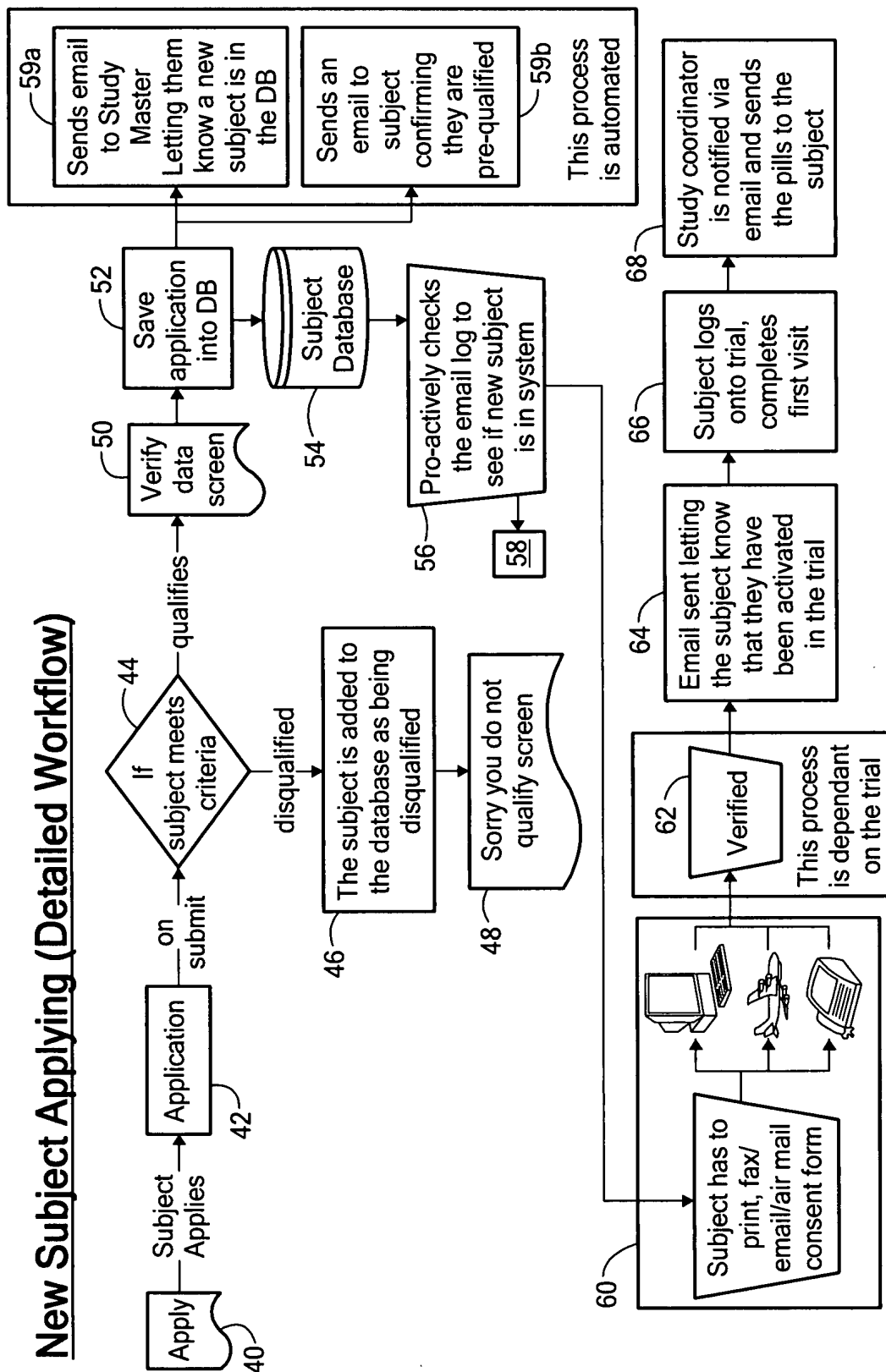


FIG. 2



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Overall Site Information Flow

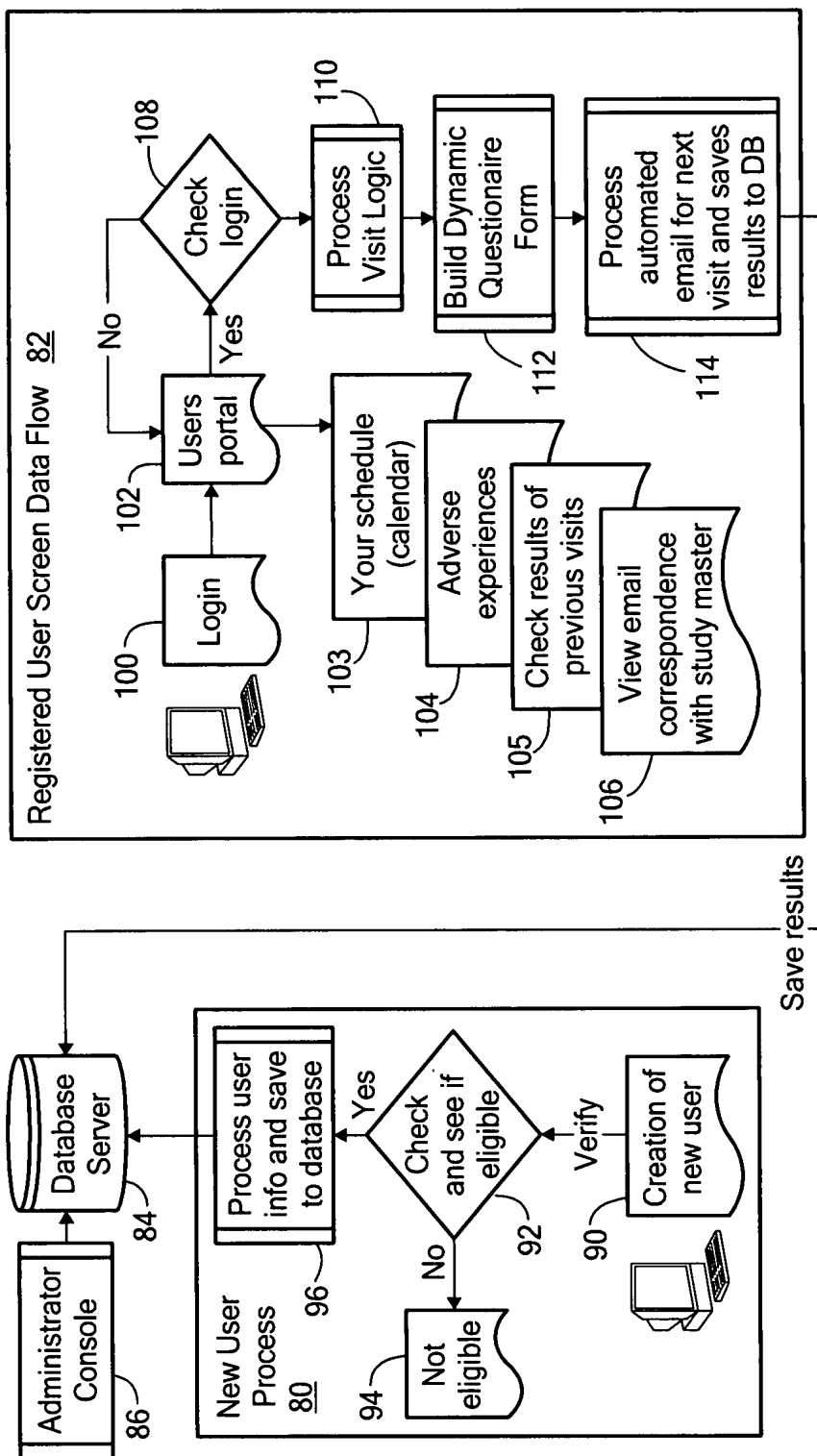
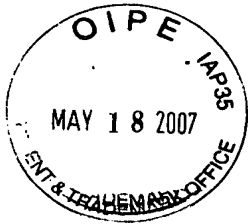


FIG. 3



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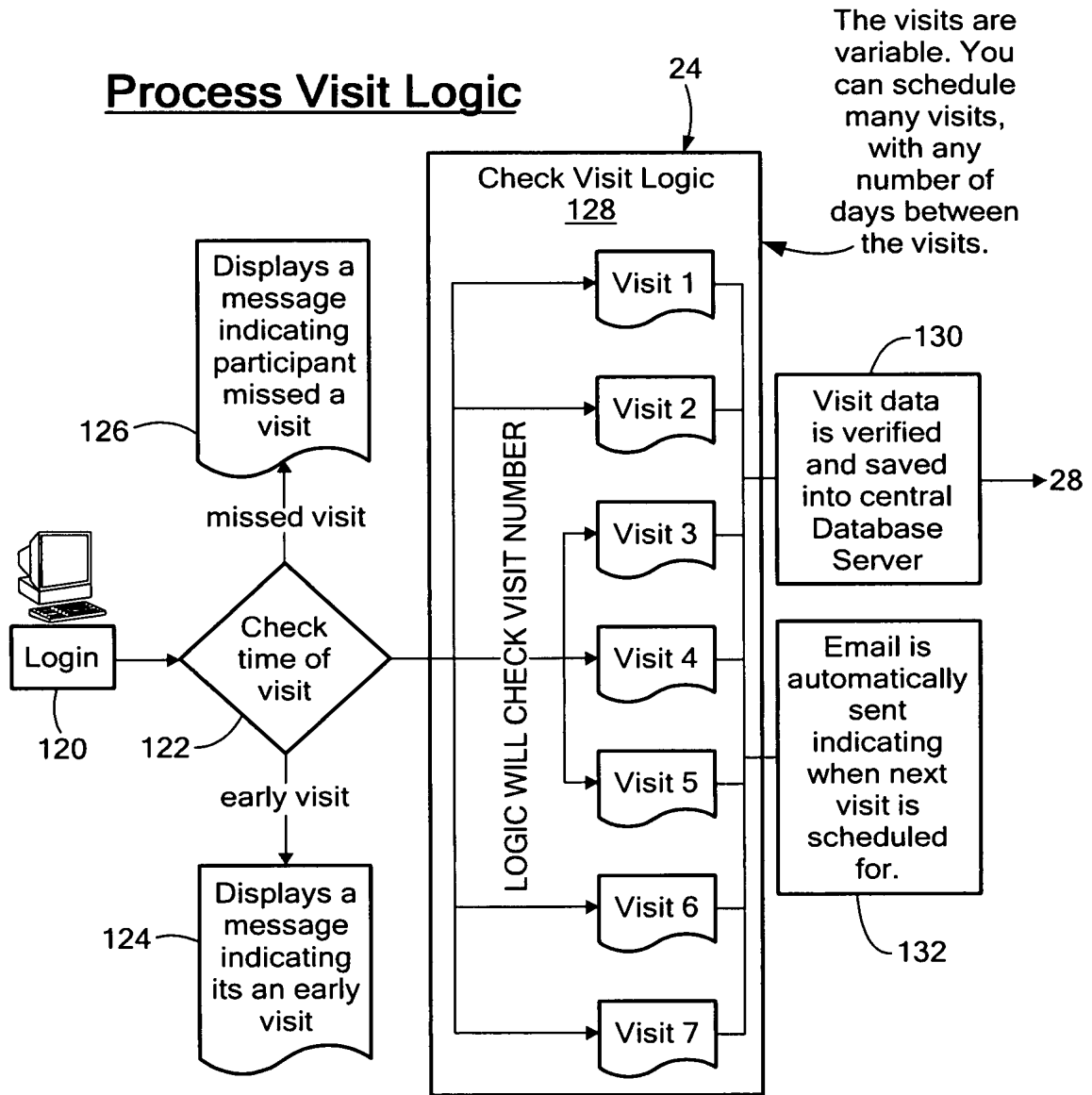


FIG. 4



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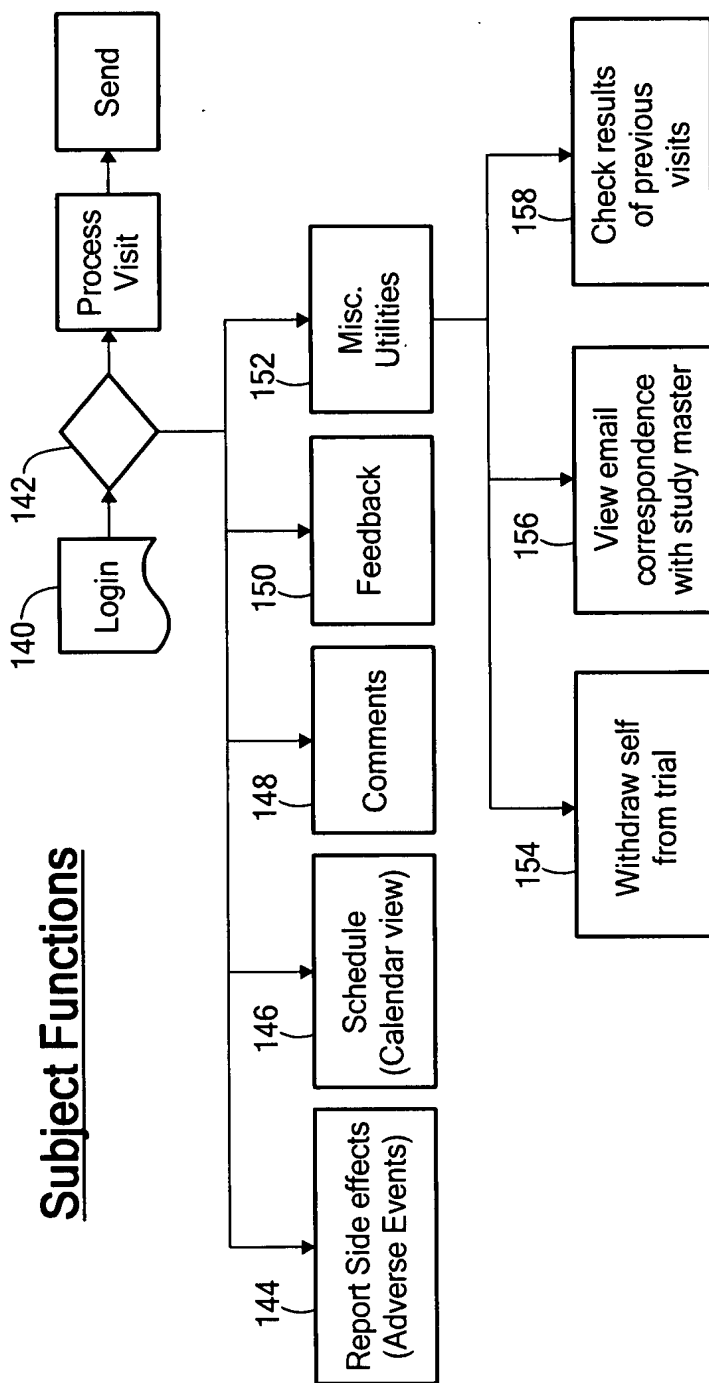


FIG. 5



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Admin Functions (console)

This section is only accessed by study master

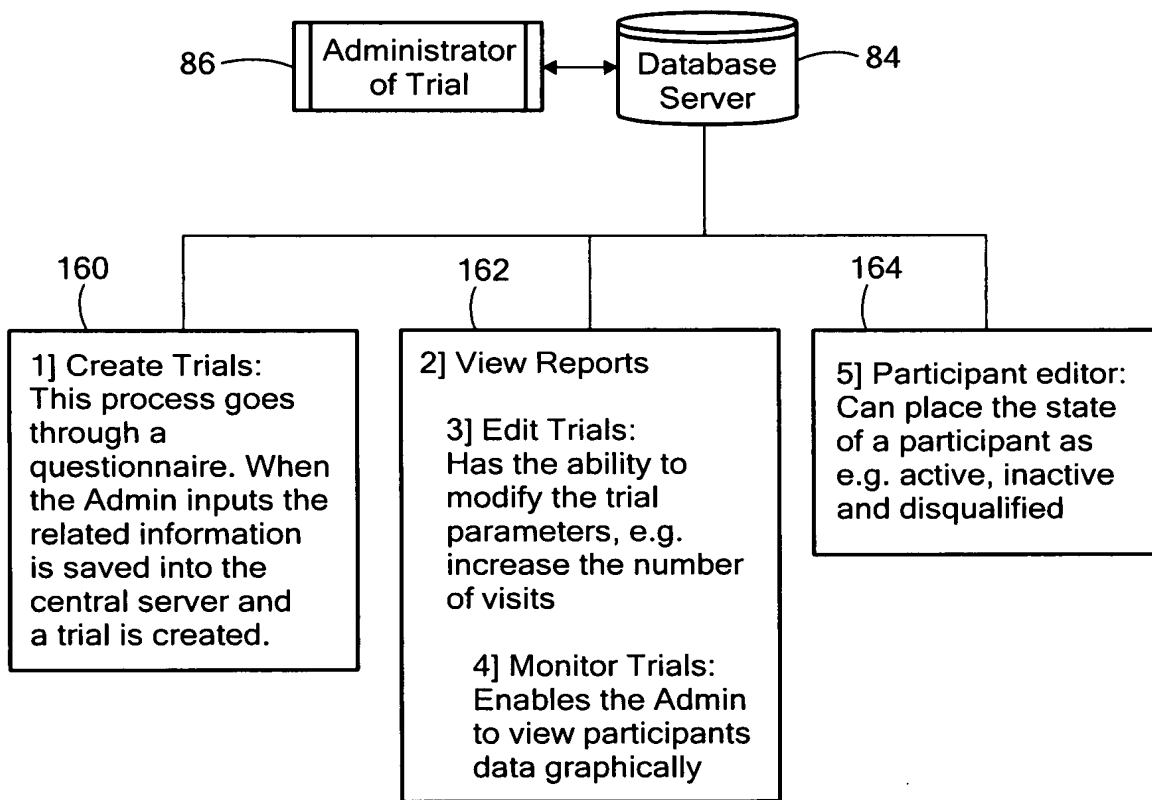


FIG. 6



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Database Design

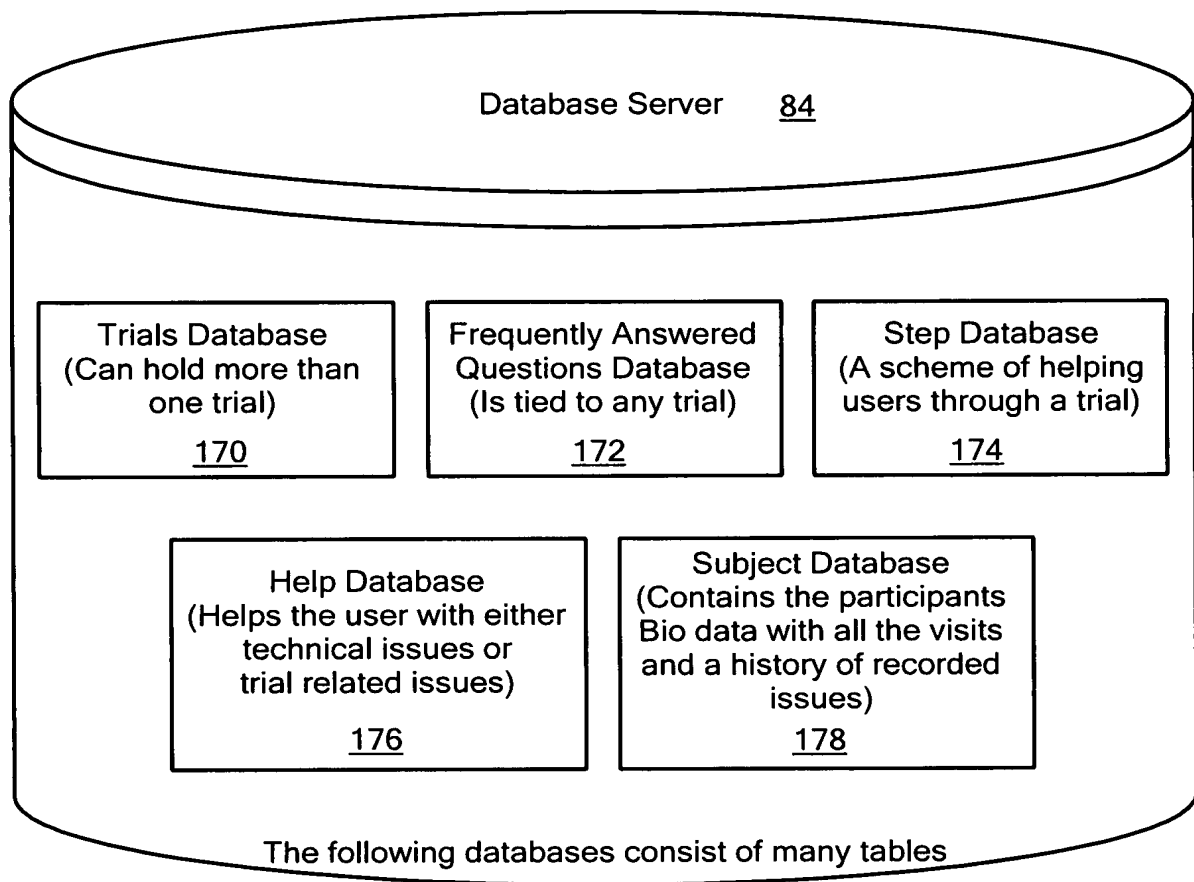


FIG. 7



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ONLINE
GLUCOSAMINE
TRIAL

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YOUR SCHEDULE

REPORT
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HELP

BOSTON
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Medicine

Welcome to your First Visit

SECTION A:
The following questions concern the amount of pain you have experienced
due to arthritis in your knee(s). For each situation please enter the amount of
pain experienced in the last 48hrs.

QUESTION: How much pain do you have?

1. Walking on a flat surface.

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Going up or down stairs.

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. At night while in bed?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Sitting or lying?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Standing upright?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION B:
The following questions concern the amount of joint stiffness (not pain) you
have experienced in the last 48 hours in your knee(s). Stiffness is a
sensation of restriction or slowness in the ease with which you move your
joints.

QUESTION: How severe is your stiffness?

6. After first wakening in the morning?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. After sitting, lying or resting later in the day?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIG. 8A



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SECTION C:

The following questions concern your physical functions. By this we mean your ability to move around and look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the last 48 hours due to arthritis in your knee(s).

QUESTION: What degree of difficulty do you have?

8. Going down the stairs?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
9. Going up the stairs?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
10. Rising from sitting?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
11. Standing?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
12. Bending to the floor?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
13. Walking on a flat surface?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
14. Getting in/out of a car?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
15. Going shopping?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
16. Putting on socks/stockings?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
17. Rising from bed?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>
18. Taking off socks/stockings?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Extreme <input type="radio"/>

FIG. 8B



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19. Lying in bed?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Getting in/out of the bath?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Sitting?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Getting on/off toilet?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Doing heavy domestic duties?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Doing light domestic duties?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Important:

1. You may take your usual painkillers for your knees if you need them. However, we need you to keep a record of how many painkillers you take each day. We will ask you for this number at each of your visits.
2. Also, we ask that you stick to the same painkiller for the length of the study.

Please enter the name of the painkiller that you usually take for your knee-pain (eg ibuprofen, Motrin, Tylenol):

This is the painkiller that we will expect you to use during the study for breakthrough pain

Please enter your current height (feet and inches) "

Please enter your current weight (pounds)

Submit

Clear

FIG. 8C



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Welcome to your Second Visit

The following questions concern the amount of pain you have experienced due to arthritis in your knee(s). For each situation please enter the amount of pain experienced in the last 48hrs.

QUESTION: How much pain do you have?

1. Walking on a flat surface.

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Going up or down stairs.

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. At night while in bed?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Sitting or lying?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Standing upright?

None	Mild	Moderate	Severe	Extreme
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other questions:

6. How many cigarettes do you smoke on average each day?

- ☒ None
- ☐ Less than 5 per day
- ☐ 4-14 per day
- ☐ 15-24 per day
- ☐ 25 or more per day

6. How many alcoholic beverages do you drink on average each week?

- ☒ None
- ☐ Less than 1
- ☐ 1-3
- ☐ 4-6
- ☐ 7-13
- ☐ 14-20
- ☐ 21 or more

8. Please tell us how many of your usual painkillers you have taken since your last completed visit.

Submit

Clear

FIG. 9